

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

Rosario Marinello

COURT CASE NUMBER

C-08-0664-EDL

DEFENDANT

California Department of Corrections &amp; Rehabilitation

TYPE OF PROCESS Summons,  
Complaint & Orders

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
California Department of Corrections & RehabilitationADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Salinas Valley State Prison

AT

31625 Highway 101, Soledad, California 93960

FILED

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Rosario Marinello, Pro per  
390 Melrose Avenue  
Pacific Grove, CA 93960Number of process to be  
served with this Form - 285RICHARD W. WIERING  
Number of process to be  
served with this Form - 285  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIACheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

, Deputy Clerk

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2067

DATE

2/28/2008

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk <i>R. J. [Signature]</i>	Date 3/5/08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service  
Time  
am  
pm

Signature of U.S. Marshal or Deputy

Service Fee \$16.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: 3/7/08 - Mailed summons w/ 299 form  
 3/13/08 - Summons Rec'd Back from Salinas Valley State Prison  
 3/18/08 - mailed to Fusing address for Dept. of Corrections  
 4-29-08, Acknowledged Receipt of summons

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service



# NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL

United States District Court  
for the  
Northern District of California

TO: Department of Corrections and Rehabilitation  
Attn: Office of Legal Affairs  
1515 S. Street, Room 314  
Sacramento, CA 95814

Civil Action, File Number C08-0664-EDL

Rosario Marinello

v.

California Dept. of Corrections & Rehabilitation

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

3/18/08  
Date of Signature

for Federico Rocha, U.S. Marshal  
Signature (USMS Official) R. Rocha CN/1 Clerk

## ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

California Dept. of Justice  
Attorney General's Office  
1515 Clay St 20th Fl POB 70550  
Oakland, CA 94612

Street Number and Street Name or P.O. Box No.

Oakland, CA 94612  
City, State and Zip Code

Signature

David Parr, Deputy Attorney General

Counsel for Dept. Corr. & Rehab  
Relationship to Entity/Authority to Receive

Service of Process

4/29/08  
Date of Signature

Copy 1 - Clerk of Court  
Copy 2 - United States Marshals Service  
Copy 3 - Addressee  
Copy 4 - USMS District Suspense